Name In Full Mrs. Arley Brown

Certificate of Death

Died at Town Oakland Sanitarium County Garrett MARYLAND

Date 1899 Month ~~5~~ 6 Day 4 | Age Y. 33 M. 6 D. 21 | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name Henry Brown | Mother's Name 102

Cause of Death: Primary Complication of bladder troubles | ~~Immediate~~

How long sick

Accident, Suicide, Homicide

Reported by Mt. Democrat 6-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. H. R. Hemmen, Friendsville

" Mr. Stevens, Pittsburg

Dr. H. H. McComas.

Name In Full

Clarence Burley

Certificate of Death

Died at Town: Loch Lynn Heights County: Garrett Co MARYLAND

Date 189 9 Month: June Day: 1 | Age Y. 25 M. 4 D. 21 | Native of | Occupation: none

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name: John L Burley | Mother's Name: dont Know

Cause of Death: Primary: Bright's Disease | How long sick: about 2 month

Immediate | Accident, Suicide, Homicide

Reported by Bolden & Brown Undertakers

Address Oakland Md

Must be signed by physicien, if eny in ettendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. H W McConnar

of Oakland Md

Seen by Coroner

of

Information contained in this certificate received from J L Burley

of Mt Lake Park

Name in ~~Full~~ Certificate of Death

Floy Cuppet

Died ~~at~~ Town near Oakland County Garrett MARYLAND

Date 1899 Month 6 Day 20 | Age Y. 3 M. 6 D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Calvin Cuppet Mother's Name

Cause of Death Primary burned to death | How long sick

Immediate 146 a | Accident, Suicide, Homicide

Reported by Garrett Journal 6-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full X Certificate of Death

Margaret Forester

Died at Town Accident County Garrett MARYLAND

Date 1897 Month 6 Day 27 Age Y. 65 M. 5 D. 2 Native of Germany Occupation Bavaria Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 6

~~Husband~~ Wife of Jacob Sharlzer

Father's Name Mother's Name

Cause of Death Primary Grippe How long sick 6 mo.

Immediate Dropsy ~~Accident, Suicide, Homicide~~

Reported by J. D. Heirman M.D.

Address Oakland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Hamilton

Died at Town: Mt. Lake Park County: Garrett MARYLAND

Date 1899 Month: 6 Day: 17 | Age Y. infant M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children~~ living

Husband of

Wife

Father's Name Jno. S. Hamilton

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Garrett Journal 6-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name In Full

X

Certificate of Death

William Madigan

Died at Town: Deer Park County: Garrett MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	June	12		17			Deer Park	

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife: child of William Madigan

Father's Name: William Madigan | Mother's Name: Ethel Madigan

Cause of Death — Primary: Cholera Infantum — How long sick: 4 days

Immediate — Accident, Suicide, Homicide

Reported by: Baldwin & Brown

Address: Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78868

Attended by Dr. L. Laughlin

of Deer Park Md

Seen by Coroner

of

Name In Full Galvin Savage Savedge

Certificate of Death

Died at Town Deer Park County Garrett MARYLAND

Date 1899 Month, Day 6 16 | Age Y. 64 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Single~~ Married | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Mt. Democrat 5-18

Address [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79118

Name In Full

Certificate of Death

Baker Warren Jr

Died at Town: Oakland County: Garrett MARYLAND

Date 1899 Month: June Day: 12 | Age: Y. 10 M. D. | Native of: Washington | Occupation:

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Baker Warren

Mother's Name:

Cause of Death: Primary: Inflammation Bowels — How long sick:

Immediate: — Accident, Suicide, Homicide:

Reported by Baldwin T Brown

Address Oakland Md

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75888

Attended by Dr. J. Lee McLennon

of Oakland Md

Seen by Coroner _____

of _____

Name In Full

Richard Johnson Webb

Certificate of Death

Died at Town: Oakland County: Garrett MARYLAND

Date 1899 Month: June Day: 28

Age Y. 65 M. 11 D.

Native of Md

Occupation Lumber Dealer

~~Male~~ White ~~Female~~ ~~Colored~~

Married ~~Single~~ ~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 4

~~Husband~~ Wife of Martha Webb

Father's Name Truman Webb

Mother's Name Susan Webb

Cause of Death: Primary Cancer of Stomach

How long sick 1 year

~~Death~~ Immediate

Accident, Suicide, Homicide

Reported by Boldan V Brown

Address Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79995

Attended by Dr. H. H. McLennan

of Oakland Md

Seen by Coroner _____

of _____

Name in Full Thomas Urley

Certificate of Death

Died at Town Bevansville County Garrett MARYLAND

Date 1899 Month June Day 17 Age Y. 29 M. 8 D. 3 Native of Md Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Joseph Urley Mother's Name Hoover

Cause of Death Primary 42 How long sick 5 days

Immediate Hemmaglia Brain Accident, Suicide, Homicide

Reported by C L Bevens

Address Grantsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998